

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop: PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



NONPROVISIONAL PATENT APPLICATION TRANSMITTAL

Sir:

Transmitted herewith for filing is the patent application of:

First Named Inventor (or Inventors):

**JANSEN, Hubert, a German citizen, whose address is:
197 chemin de la Blanchetiere 38560, JARRIE, France**

**THIBAUT, Jean-Claude, a French citizen, whose address is:
8, rue de Cuvilleux, 38120 Saint Egreve, France**

Title of Application:

RESEALABLE MEDICAL TRANSFER SET

1. Type of Application (37 C.F.R. 1.53(b))

This application is a(n):

- ☐ Original (nonprovisional) application.
- ☒ Continuing application:
- ☐ Divisional ☒ Continuation ☐ Continuation-in-Part (CIP)

of Serial No. 09/665,859, filed on September 20, 2000.

CERTIFICATION UNDER 37 C.F.R. 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed herein are being deposited with the United States Postal Service on this date, November 26, 2003, in an envelope as "Express Mail to Addressee" Mailing Label Number EV 261771533 US, addressed to Mail Stop: Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Amanda F. Shaw
Name of person mailing paper

Amanda F. Shaw
Signature of person mailing paper

2. **Benefit of Prior U.S. Application(s) (35 U.S.C. 119(), 120, or 121)**

- ☒ This new application claims the benefit of prior U.S. application(s).
- ☐ Please amend the specification by inserting, after the title, the following:
- ☐ "This application claims the benefit of U.S. Provisional Application No. _____, filed on _____."
- ☐ "This application is a
☐ continuation
☐ continuation-in-part
☐ divisional
of copending application
☐ Serial No. _____, filed on _____."
☐ International Application No. _____, filed on _____, and which
designated the U.S."
- ☒ A Preliminary Amendment is enclosed amending this application to state the
relation of this application to prior applications.
- ☐ The relation of this application to prior applications is stated in the application.

3. **35 U.S.C. 119(a)-(d) or 35 U.S.C. 365(a)-(b) Foreign Priority Claim for Prior Application**

This application, and prior U.S. application(s), including any prior International Application designating the U.S., identified above in item 2, claim(s) priority from one or more foreign applications as follows:

(Country)	(Application No.)	(Filing Date) (mm/dd/yyyy)

- ☐ Please amend the specification by inserting, after the title, the following:
- ☐ "The application claims priority from Application No. _____ filed on _____."

Certified copy(ies) of the application(s) from which priority under 35 U.S.C. 119 is claimed:

- ☐ has(have) been filed on _____, in prior application _____, which was filed on _____.
- ☐ is (are) enclosed.
- ☐ will follow.

4. **Enclosed Papers Required to Obtain Application Filing Date under 37 C.F.R. 1.53(b)**

15 Pages of Specification
9 Pages of Claims
1 Pages of Abstract
3 Sheets of Drawings ☒ Formal ☐ Informal

5. **Oath or Declaration**

- ☐ Newly executed Oath or Declaration (original or copy) is enclosed.
- ☒ Copy of Oath or Declaration from prior application 09/665,859 (37 C.F.R. 1.63(d)).
- ☒ The entire disclosure of the prior application, from which a copy of the oath or Declaration is supplied, is considered as being a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- ☐ A Power of Attorney is included in the Oath or Declaration.
- ☐ Not enclosed.

6. **Additional Papers Enclosed**

- ☒ Return Receipt Postcard (specifically itemized) (M.P.E.P. § 503).
- ☐ Application Data Sheet (Voluntary under 37 C.F.R. 1.76).
- ☒ Preliminary Amendment.
- ☒ Information Disclosure Statement (37 C.F.R. 1.98).
- ☒ Form PTO-1449 ☐ Copies of IDS Citations
- ☐ Nucleotide and/or Amino Acid Sequence Listing computer-readable copy, paper copy, and statement verifying identity of computer-readable and paper copies.
- ☐ Certified Copy of Priority Document(s).
- ☐ Verified translation of non-English language application (37 C.F.R. 1.52(d)).
- ☒ Other: Associate Power of Attorney
Change of Attorney or Agent's Address in Application.

7. Assignment

- ☒ An assignment of the invention to **B cton, Dickinson and Company**
- ☐ is enclosed. A separate:
- ☐ "Cover Sheet for Assignment (Document) Accompanying New Patent Application" is enclosed.
- ☐ Form PTO-1595 is enclosed.
- ☒ was made in prior application No. **09/665,859**, filed on **September 20, 2000**.
- ☒ A copy of the assignment (and any recordation cover sheet) is enclosed.
- ☐ will follow.
- ☐ Not enclosed.

8. Request That Application Not Be Published Pursuant to 35 U.S.C. 122(b)(2)

- ☐ Pursuant to 35 U.S.C. 122(b)(2), Applicant(s) hereby requests that this patent application not be published pursuant to 35 U.S.C. 122(b)(1). Applicant hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing of the application.

Warning

An applicant who makes a request not to publish, but who subsequently files in a foreign country or under a multilateral international agreement specified in 35 U.S.C. 122(b)(2)(B)(i), must notify the Director of such filing not later than 45 days after the date of the filing of such foreign or international application. A failure of the applicant to provide such notice within the prescribed period shall result in the application being regarded as abandoned, unless it is shown to the satisfaction of the Director that the delay in submitting the notice was unintentional.

9. F Calculation (37 C.F.R. 1.16)

Utility Application (37 C.F.R. 1.16(a)) Basic Fee \$770.00

FEES FOR CLAIMS AS FILED

Number filed	Number extra	Rate	
Total Claims (37 C.F.R. 1.16 (c))	10 - 20	= 0 x \$ 18.00	= \$ 0.00
Independent Claims (37 C.F.R. 1.16(b))	1 - 3	= 0 x \$ 84.00	= \$ 0.00
Multiple Dependent Claims (37 C.F.R. 1.16(d))		+ \$ 280.00	= \$ 0.00
Fee Calculation for Extra Claims			\$ 0.00

☐ Amendment canceling extra claims enclosed.

☐ Amendment deleting multiple-dependencies enclosed.

Total Filing Fee Calculation \$ **770.00**

10. Small Entity Statement

☐ Small entity status is claimed under 37 C.F.R. 1.27.

Filing Fee Calculation (50% of Filing Fee calculated in Item 9 above) \$ _____

11. Fee Payment

☐ Not enclosed. No filing fee is to be paid at this time.

☒ Enclosed:

☒ Basic filing fee (Item 9 or 10 above) \$ **770.00**

☐ Fee for recording Assignment
\$40.00 (37 C.F.R. 1.21(h)) \$ _____

☐ Processing and retention fee
\$130.00 (37 C.F.R. 1.53(d) and 1.21(l)) \$ _____

Total fees enclosed \$ **770.00.**

12. Method of Payment of Fees

- ☒ Check in the amount of \$ 770.00.
- ☐ Charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate of this transmittal is enclosed.

13. Authorization to Charge Additional Fees

- ☒ The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Deposit Account No. 08-2461:
- ☒ 37 C.F.R. 1.16(a), (f), or (g) (filing fees)
- ☒ 37 C.F.R. 1.16(b), (c), and (d) (presentation of extra claims)
- ☐ 37 C.F.R. 1.16(e) (surcharge for filing the basic fee and/or declaration at a date later than the filing date of the application)
- ☒ 37 C.F.R. 1.17 (application processing fees)

A duplicate of this transmittal is enclosed.

14. Instructions as to Overpayment

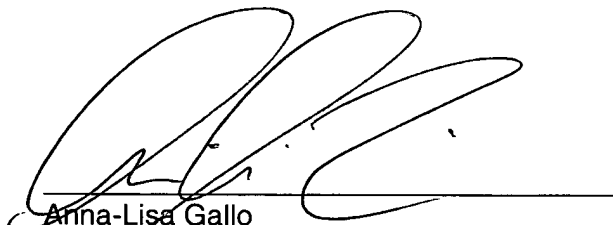
- ☒ Credit Deposit Account 08-2461. ☐ Refund.

15. Correspondence Address

- ☒ Customer Number or Bar Code Label: **32752**

Please address all correspondence to:

Ludomir A. Budzyn, Esq.
HOFFMANN & BARON, LLP
6900 Jericho Turnpike
Syosset, New York 11791
Telephone: (973) 331-1700
Fax: (973) 331-1717



Anna-Lisa Gallo
Registration No. 50,279
Attorney for Applicant(s)

**Change Of Attorney Or Agent's Address In Application
(37 CFR 1.8(a))**

Docket No.
102-547 CIP/CON

In Re Application Of: **Jansen et al.**

Serial No.
Unassigned

Filing Date
Herewith

Examiner
Unassigned

Group Art Unit
Unassigned

Invention: **RESEALABLE MEDICAL TRANSFER SET**

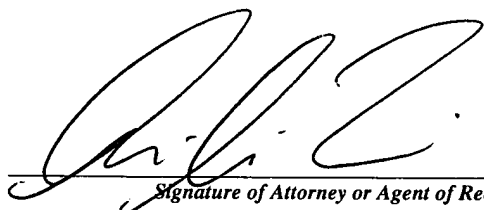
TO THE COMMISSIONER FOR PATENTS

Please send all correspondence for this application to:

**Ludomir A. Budzyn, Esq.
HOFFMANN & BARON, LLP
6900 Jericho Turnpike
Syosset, NY 11791**

Please direct all telephone calls to:

**Ludomir A. Budzyn, Esq.
(973) 331-1700**


Signature of Attorney or Agent of Record

Dated: **November 26, 2003**

**Anna-Lisa Gallo, Esq.
Reg. No. 50,279
Hoffmann & Baron, LLP
6900 Jericho Turnpike
Syosset, NY 11791
(973) 331-1700**

Registration Number & Address of Attorney or Agent of Record

I certify that this document is being deposited on
11/26/03 with the U.S. Postal Service as first
class mail under 37 C.F.R. 1.8 and is addressed to the
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450.


Signature of Person Mailing Correspondence

Amanda F. Shaw

Typed or Printed Name of Person Mailing Correspondence